

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10/622380</div>		Filing Date	
				Applicant(s)			
• May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
(1) 1							
2							
3							
4							
5							
6							
7							
8							
9							
(10) 10							
11							
12							
13							
14							
15							
16							
17							
18							
(19) 19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
(29) 29							
30							
(31) 31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep							
Total Depend							
Total Claims							
	Indep	Depend	Indep	Depend	Indep	Depend	
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							